



OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2018-DPHS-09-HEALT

No.	Question	Answer
1.	Section 2 Background and Required Services Please describe the current status of the HCC.	The RFP is to contract with an entity to serve as the Administrative Lead Organization (ALO) to establish a new, statewide HCC. Federal funds require an HCC be established and maintained. Currently in NH there is a coalition of hospitals addressing hospital preparedness and also 13 Regional Public Health Networks that address public health preparedness. While these assets can be leveraged to help develop the HCC, establishing a single, statewide coalition dedicated to building health care system preparedness and response capabilities is new.
2.	Section 3.1 Covered Populations Will the contractor be responsible for any activities of sub-coalitions or chapters within the state in this contract?	There is no intent to establish sub-coalitions or chapters.
3.	Section 3.2 Scope of Services, Paragraph 3.2.1, Subparagraph 3.2.1.3 Could you provide examples of what services might represent 'not limited to?'	Over time, the HCC membership may desire services beyond those listed in this section. The Department expects the ALO to be responsive to HCC members within available funding.
4.	Section 3.2 Scope of Services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.3 Subpart 3.2.1.3.4 Requires developing preparedness and response plans. Subpart 3.2.1.3.9, 10 and 11 require exercises, but you cannot exercise an	Annual exercise requirements have been established by the U.S. DHHS Assistant Secretary for Preparedness and Response (ASPR) in the 2017 Funding Opportunity Announcement (FOA). (https://www.grants.gov/web/grants/view-opportunity.html?oppld=290860) A draft HCC preparedness plan must be completed so that the required medical surge tabletop exercise can take place prior to



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	HCC response without having a plan. Please clarify the intent of exercises at the same time that planning is in development.	June 30, 2018. Plans and exercises previously developed by HCC members may also be leveraged to support meeting these deliverables.
5.	<p>Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.7</p> <p>In the past, HPP has asked for this inventory by the Public Health Networks (regional HCCs).</p> <p>a) Have these been acceptable?</p> <p>b) Would a collating and updating of these submissions satisfy the requirements?</p>	<p>a) The current inventories would not meet the requirements described on page 22 of the FOA for the resource assessment.</p> <p>b) No.</p>
6.	<p>Section 3.2 Scope of Services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.8</p> <p>a) Why is the HCC gathering emPOWER data and what will the HCC do with it?</p> <p>b) What is the deliverable?</p> <p>c) Is this already being accomplished by the PHEP?</p>	<p>a) See Page 23 of the FOA .</p> <p>b) Per page 23 of the FOA, “to better anticipate the potential access and functional needs of at-risk community members before, during, and after an emergency.”</p> <p>c) While some planning for these populations has been addressed through PHEP work in NH, this requirement specific to health care delivery system planning, especially during periods of a surge of patients across the health care system, is specific to the HCC.</p>
7.	<p>Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.10</p> <p>Please detail the ASPR requirements for ‘Other drills and exercises.’ For example: Coalition Surge Tests, communications, closed PODs and bed tracking are required drills and exercises by ASPR –</p>	<p>Yes. Annual exercise requirements for the ASPR program are 2 redundant communications drills among HCC members and a HCC surge test as described on page 63 of the FOA. Submission of After Action Reports and Improvement Plans is also required.</p>



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	would these fall under this deliverable?	
8.	<p>Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.11</p> <p>Are the exercises described here the Department's PHEP/SNS exercises? We are not sure about the HCC's role for these exercises. For example, ASPR Capabilities state that HCC would have a support role in the state Family Reunification plan, but not overall responsibility for it. Therefore, what would the requirement for running the exercises be for the HCC? Another example, the ASPR Capabilities discuss closed PODs but do not refer to Local Dispensing site involvement of HCCs – again, what is the role of the HCC for running this exercise?</p>	See Addendum #1
9.	<p>Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.11</p> <p>Section 3.2.1.3.11.1.3 refers to topics TBD. Since the topic and scope are TBD, this presents an unknown cost and unknown work scope. Who determines the topics?</p>	See Addendum #1
10.	<p>Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.12</p>	<p>a) HCC members, including NH DHHS.</p> <p>b) Yes, while recognizing that establishing a JIS is dependent on the scale of an incident.</p>



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	a) Who collaborates on the agreement process for shared information? b) Is this intended to be part of a Joint Information System (JIS)? c) Can the spreadsheet developed as part of the last HPP project period be built upon or is this something different?	c) The reference to 'the spreadsheet' is not specific enough to allow for a response.
11.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.13 a) Describe the role of the contractor during an event response. b) Is there expectation that the contractor will be on-call 24/7?	a) During an event response the ALO must: <ul style="list-style-type: none"> • Liaison between HCC members and the DHHS ESF 8 desk at the State Emergency Operations Center. • Administer the Healthcare Incident Management System referred to in section 3.2.2.2.3. b) No. However, staffing during an incident would include time outside of normal business hours.
12.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.13 a) What is the State's vision of engaging and activating the HCC for emergencies / response activities? b) How would the contractor budget for these unknown activities?	a) The process for engaging and activating the HCC will be determined through development of the HCC preparedness and response plans. b) As is the case with any emergency, it is not possible to forecast potential costs for unknown events. The NH DHHS recognizes that the level of ALO activity will need to be within the funding made available through this RFP.
13.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.14 When considering IBA, what is meant by ensuring 20% "throughout the project	The phrase "20 % throughout the project period" means that the ASPR requirement of every hospital making 20% of staffed beds available within 4 hours of a disaster is included in preparedness and response plans, as well as ensuring a medical surge tabletop exercise is conducted annually, as required by ASPR.



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	period?"	
14.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.21 a) Can you provide a cost estimate and number of CEUs provided in past activities? b) What types of CEUs have been requested in the past?	a) No. Information about the cost of providing CEUs is available on-line through the NH Area Health Education Center at Dartmouth at http://nhahec.org/ b) Since past training programs have not been designed to reach the full range of potential HCC members we cannot anticipate the types of CEUs that may be requested.
15.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.15 Can you clarify which federal preparedness requirements you are referring to?	In addition to the requirements described in the FOA and ASPR's 2017-2022 Health Care Preparedness and Response Capabilities that are referenced in section 3.2.1.1, a function of the HCC is to provide training and technical assistance to health care entities included in the Center for Medicare and Medicaid Services' Emergency Preparedness Rule. (https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html)
16.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3, Subpart 3.2.1.3.18 a) Can you be more specific as to what reports and what data? b) Who will be reporting results directly to ASPR? The contractor or the State? (Also cross-reference to 3.2.3.2.5 and 3.2.3.2.6.)	a) The current ASPR performance measures and the ALO's role in collecting and reporting the data are listed in Appendix F. ASPR and NH DHHS also requires semi-annual progress reports be submitted. ASPR has not published any additional information describing the content of these reports. There may be a need to submit ad-hoc reports on specific topics as requested by ASPR. b) The ALO will submit reports to the Department. The Department will submit reports to ASPR.
17.	Section 3.2 Scope of services, Paragraph 3.2.1, Subparagraph 3.2.1.3,	See Addendum #1



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	<p>Subpart 3.2.1.3.20</p> <p>a) Can you specify what is to be assessed?</p> <p>b) Training on what topics? Depending on the results of an assessment, the training could represent an additional unknown cost.</p>	
18.	<p>Section 3.2 Scope of services, Paragraph 3.2.2, Subparagraph 3.2.2.2, Subpart 3.2.2.2.1</p> <p>a) Does the Department expect to charge for any training programs or conferences to offset costs such as food and venue rentals, if applicable?</p> <p>b) Are coalition activities free of charge to coalition members?</p> <p>c) Are there any activities on the work plan that the Department has identified the need to bring in outside speakers or pay honorarium or travel for speakers for particular trainings or events?</p> <p>d) Are meals an allowable use of funds to pay for lunch for the coalition meeting?</p> <p>e) Does the coalition pay for travel or mileage for any of its members?</p>	<p>a) The ALO may charge for training programs or conferences. The Department has no expectation that some or all of these events will result in a charge being incurred by attendees.</p> <p>b) This will be determined by the ALO in collaboration with the HCC members as the governance structure and processes are established as required in section 3.2.1.3.2.</p> <p>c) No.</p> <p>d) The following costs are allowable per the Code of Federal Regulations (45 CFR Part 75.432):</p> <p>A conference is defined as a meeting, retreat, seminar, symposium, workshop or event whose primary purpose is the dissemination of technical information beyond the non-Federal entity and is necessary and reasonable for successful performance under the Federal award. Allowable conference costs paid by the non-Federal entity as a sponsor or host of the conference may include:</p> <ul style="list-style-type: none"> • Rental of facilities. • Speakers' fees. • Costs of meals and refreshments.



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		<ul style="list-style-type: none"> • Local transportation. • Other items incidental to such conferences unless further restricted by the terms and conditions of the Federal award. • Costs of identifying, but not providing, locally available dependent-care resources are allowable. <p>Conference hosts/sponsors must exercise discretion and judgment in ensuring that conference costs are appropriate, necessary and managed in a manner that minimizes costs to the Federal award.</p> <p>e) Coalition travel and mileage payments will be a decision of the ALO after consultation with HCC members.</p>
19.	<p>Section 3.2 Scope of services, Paragraph 3.2.2, Subparagraph 3.2.2.2, Subpart 3.2.2.2.2; Subsection 3.2.2.2.2.1</p> <p>a) Does the Department intend for the HCC to charge member fees from the start?</p> <p>b) What does the Department intend for the member fees to cover?</p>	<p>a) See 18 (b), above.</p> <p>b) Any fees to be collected must be applied toward activities that will help to meet the goals and required activities of the HCC and its members.</p>
20.	<p>Section 3.2 Scope of services, Paragraph 3.2.2, Subparagraph 3.2.2.2, Subpart 3.2.2.2.2; Subsection 3.2.2.2.2.1</p> <p>Does the Department plan to charge member fees?</p>	No.
21.	Section 3.2 Scope of Work, Paragraph	See Addendum #1



No.	Question	Answer
	3.2.2 Financial Services, Q7 Does the Department have a preference for how the coalition is organized?	
22.	Section 4.3, Matching of Funds, Paragraph 4.3.1 a) How did the Department calculate \$110,000 for the match amount? b) Does 100% of the membership need to report in-kind matching? c) Should the in-kind match be included in the budget of \$612,000?	a) This reflects the 10% match required by ASPR and is based on the amount of the funding provided to the Department. b) No. c) No, the Department is making \$612,000 available per year.
23.	Section 7, Proposal Outline and Requirements, Paragraph 7.1 Presentation, Subparagraphs 7.1.3 and 7.1.4 Please confirm that the Department is requesting one (1) original and four (4) bound copies of the technical proposal as well as one (1) original and three (3) copies of the cost proposal.	Confirmed.
24.	Appendix C and E Can Appendix C and Appendix E be provided electronically?	The electronic versions of these appendices will be sent to vendors who submitted a letter of intent or attended the teleconference on April 18, 2017.
25.	Appendix F How do these performance measures relate to the recently released 2017-2022 Hospital Preparedness Program Performance Measures Implementation	Per page 3 of the 2017-2022 Hospital Preparedness Program Performance Measures Implementation Guidance, the “document is framed for the primary users—states and HCCs—to foster ease of comprehension, improve information aggregation, and enable faster data collection.”



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	Guidance?	The Guidance provides very detailed information about each performance measure and how the data is to be collected and reported in a uniform fashion to allow for aggregation at the national level.
26.	General How does the Department allow for the time it will take to accomplish the development of the coalition, which requires promotion, education, recruitment and retention?	The Department recognizes that the development of the HCC will be ongoing throughout the project period. See Addendum #1, Q2, Q3, Q4
27.	General What is the correlation of the HCC in relation to the existing Public Health Networks that are funded through PHEP?	Contracts currently being executed for Regional Public Health Network (RPHN) Services require participation in the statewide HCC. The Department expects several RPHN emergency preparedness coordinators to participate in the HCC. The roles and responsibilities of the RPHNs in health care preparedness will be determined through the HCC preparedness and response planning process with the approval of the NH DHHS.
28.	General Does the Department want contractor staff working in DHHS offices in order to coordinate activities and communication?	No
29.	General Can the Department provide the number of agencies that submitted a letter of intent?	No.